Complete and mail this form, together with apr e fees, to:  Box ISS Assista Washin	SUE FEE  Int Commissioner for Pater  IN FIGURE 1  A  THE THANSHIT FALL  THE THANSHIT FALL
FEB 2 5 2000 \$.	FFB 0.4
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SUITE 4700	Lydia Liepinaitis (Depositor's name)
180 NORTH STETSON AVENUE CHICAGO IL 60601	Lydia Liepinair (Signature)
APPLICATION NO. FILING DATE TOTAL CLAIMS	February 21, 2000 (Date)  EXAMINER AND GROUP ART UNIT DATE MAILED
AND TELEVISION TO A SECURIO	EXAMINETATIO GIOCO ATTI CINT
09/196,301 11/19/98 008 First Named	BOMBERG, K 3754 01/31/00
Applicant HESS, 35 USC 154(b) term ext. = 0 Days.	
ITLE OF INVENTION DISPENSING STRUCTURE INCORPORATING A VALVE-CONTAINING FITMENT FOR MOUNTING TO A CONTAINER AND A PACKAGE WITH A DISPENSING STRUCTURE	
ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO.	APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE
3 SEA0820P0880 222-092.000 H46 ÚTILITY NO \$1210.00 05/01/00	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) (* name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Rockey, Milnamow &  Katz, Ltd.  2
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  AptarGroup, Inc.	
(B) RESIDENCE: (CITY & STATE OR COUNTRY)  Crystal Lake, Illinois  Please check the appropriate assignee category indicated below (will not be printed on  ☐ individual  ☐ corporation or other private group entity ☐ government	4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER 04-1644  (ENCLOSE AN EXTRA COPY OF THIS FORM)  Issue Fee Advance Order - # of Copies
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